

NASSAU COUNTY YOUTH BOARD

2005 STATISTICAL/NARRATIVE QUARTERLY REPORT

SPONSORING AGENCY: _____

PROGRAM TITLE: _____ **PROGRAM #:** _____

Report Covers the Following Quarter (Check One):

1st Quarter: _____ **2nd Quarter:** _____ **3rd Quarter:** _____ **4th Quarter:** _____
(Jan.-Mar.) (Apr.-June.) (July-Sept.) (Oct.-Dec.)

DEMOGRAPHIC PROFILE OF YOUTH SERVED – Complete for *youth under 21 ONLY*

1. SEX
A. Male: _____ B. Female: _____ **TOTAL:** _____

2. ETHNICITY
A. White: _____ B. Black: _____
C. Hispanic: _____ D. Native American: _____ **TOTAL:** _____
E. Asian: _____ F. Other: _____

3. AGE
A. 0-4: _____ B. 5-9: _____ **TOTAL:** _____
C. 10-15: _____ D. 16-20: _____

4. TOTAL YOUTH SERVED: **TOTAL:** _____
Indicate the total number of youth receiving at least one
direct service year to date (**cumulative-unduplicated count**)

ADULTS:
Indicate the total number served age 21 and over: _____

PRIORITY AREAS

EMPLOYMENT

Number Served:

1. **SEX**

A. Male: _____

B. Female: _____

TOTAL: _____

2. **ETHNICITY**

A. White: _____

B. Black: _____

C. Hispanic: _____

D. Native American: _____

TOTAL: _____

E. Asian: _____

F. Other: _____

3. **AGE**

A. 0-4: _____

B. 5-9: _____

TOTAL: _____

C. 10-15: _____

D. 16-20: _____

ADULTS:

Indicate the total number served age 21 and over: _____

YOUTH, FAMILY, COMMUNITY VIOLENCE

Number Served:

1. **SEX**

A. Male: _____

B. Female: _____

TOTAL: _____

2. **ETHNICITY**

A. White: _____

B. Black: _____

C. Hispanic: _____

D. Amer. Indian: _____

TOTAL: _____

E. Asian: _____

F. Other: _____

3. **AGE**

A. 0-4: _____

B. 5-9: _____

TOTAL: _____

C. 10-15: _____

D. 16-20: _____

ADULTS:

Indicate the total number served age 21 and over: _____

Please complete for any additional Priority Areas served

Priority Area:

Number Served:

1. **SEX**

A. Male: _____

B. Female: _____

TOTAL: _____

2. **ETHNICITY**

A. White: _____

B. Black: _____

C. Hispanic: _____

D. Native American: _____

TOTAL: _____

E. Asian: _____

F. Other: _____

3. **AGE**

A. 0-4: _____

B. 5-9: _____

TOTAL: _____

C. 10-15: _____

D. 16-20: _____

ADULTS: Indicate the total number served age 21 and over: _____

Priority Area:

Number Served:

1. **SEX**

A. Male: _____

B. Female: _____

TOTAL: _____

2. **ETHNICITY**

A. White: _____

B. Black: _____

C. Hispanic: _____

D. Native American: _____

TOTAL: _____

E. Asian: _____

F. Other: _____

3. **AGE**

A. 0-4: _____

B. 5-9: _____

TOTAL: _____

C. 10-15: _____

D. 16-20: _____

ADULTS: Indicate the total number served age 21 and over: _____

Priority Area:

Number served:

1. SEX

A. Male: _____

B. Female: _____

TOTAL: _____

2. ETHNICITY

A. White: _____

B. Black: _____

C. Hispanic: _____

D. Native American: _____

TOTAL: _____

E. Asian: _____

F. Other: _____

3. AGE

A. 0-4: _____

B. 5-9: _____

TOTAL: _____

C. 10-15: _____

D. 16-20: _____

ADULTS: Indicate the total number served age 21 and over: _____

Priority Area:

Number served:

A. Male: _____

B. Female: _____

TOTAL: _____

4. ETHNICITY

A. White: _____

B. Black: _____

C. Hispanic: _____

D. Native American: _____

TOTAL: _____

E. Asian: _____

F. Other: _____

5. AGE

A. 0-4: _____

B. 5-9: _____

TOTAL: _____

C. 10-15: _____

D. 16-20: _____

ADULTS: Indicate the total number served age 21 and over: _____

PART II QUARTERLY STATISTICAL/NARRATIVE REPORT

PRIORITY AREA: EMPLOYMENT	Activities	Progress or Obstacles to Date
Outcome 1: (specify)		
Outcome 2: (specify)		
Outcome 3: (specify)		

PRIORITY AREA: Youth, Family, Community, Violence		Activities	Progress or Obstacles to Date
Outcome 1: (specify)			
Outcome 2: (specify)			
Outcome 3: (specify)			

PRIORITY AREA:	Activities	Progress or Obstacles to Date
Outcome 1: (specify)		
Outcome 2: (specify)		
Outcome 3: (specify)		

Based on your application, please provide your agency’s progress in achieving the following:

Activities	Progress Or Obstacles/Barriers To Date
Board Initiated Fundraising	
Proposal Writing and Results	
Board/Staff Development	

SPECIAL ACTIVITIES/EVENTS/PRESENTATIONS:

Description of Activity/ Event/Presentation	Date	Location	Number Board/Staff Parents/Vols.	Number of Youth
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
<i>PLEASE MAKE SURE TO ADD TOTALS:</i>				

(Use additional pages if necessary)

ATTACH BOARD MINUTES THAT OCCURRED DURING THIS REPORTING PERIOD. WHAT MONTH(S) DID THE BOARD NOT MEET? _____

PLEASE LIST NEW BOARD MEMBERS AND MEMBERS WHO LEFT THE BOARD THIS QUARTER AND INCLUDE THE DATES:

Prepared by: _____ Title: _____ Date: _____

Reviewed by: _____ Title: _____ Date: _____